

CLAIMS ONLY							Application Number 10/506809		Filing Date
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1									
2									
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50									
Total Indep	1								
Total Depend	15								
Total Claims	16								
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